

ORAL SURGERY: ALVEOLOPLASTY AND VESTIBULOPLASTY

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Related Dental Policies

- [Oral Surgery: Miscellaneous Surgical Procedures](#)
- [Oral Surgery: Non-Pathologic Excisional Procedures](#)

Related Medical Policy

- [Cosmetic and Reconstructive Procedures](#)

INSTRUCTIONS FOR USE

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare dental benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Dental Coverage Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Dental Coverage Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Dental Coverage Guideline. Other Clinical Policies and Coverage Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group health plans (inside and outside of Exchanges) to provide coverage for Pediatric Dental Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for Pediatric Dental EHBs. However, if such plans choose to provide coverage for benefits which are deemed Pediatric Dental EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute Pediatric Dental EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Alveoloplasty

Alveoloplasty is indicated for the following:

- For bone recontouring and smoothing as part of the tooth extraction process
- For bone recontouring and smoothing as a standalone procedure prior to fixed or removable prosthetic construction
- To provide stability for implant placement
- For debulking procedures for pathologic conditions of the bone

Alveoloplasty is not indicated for the following:

- When performed solely for cosmetic/aesthetic reasons
- When removing bone would harm vital structures
- When there is diminished volume or atypical architecture of bone
- For individuals who have undergone radiation therapy to the head and neck

- For individuals with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response

Vestibuloplasty

Vestibuloplasty is indicated for the following:

- Ridge extension, or lowering or altering submucous displacing attachments prior to prosthetic construction
- To complement and complete osseous procedure when reconstructing edentulous bone
- To correct inadequate or inappropriate soft tissue drape where a resection has been previously performed and prosthetic restoration requires improvement
- For overall stability of a dental implant and the maintenance of bone health around an implant

Vestibuloplasty is not indicated for the following:

- When performed solely for cosmetic/aesthetic reasons
- For individuals with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response
- When there is minimal alveolar ridge height
- For individuals who have undergone radiation therapy to the head and neck

Coverage Limitations and Exclusions

- Alveoloplasty and vestibuloplasty procedures are subject to frequency limitations. Please refer to the member specific benefit plan document.
- Oral surgery procedures may be covered under the member's medical benefit when determined to be medical in nature. Refer to the member's Certificate of Coverage and/or member specific benefit plan document for coverage guidelines.

DEFINITIONS

Alveoloplasty: Surgical procedure for recontouring supporting bone, sometimes in preparation for a prosthesis (ADA).

Vestibuloplasty: Any of a series of surgical procedures designed to restore alveolar ridge height by lowering muscles attaching to buccal, labial, and lingual jaw aspects (Stedman's).

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Clinical Policies and Coverage Guidelines may apply.

CDT Code	Description
D7310	Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant
D7311	Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant
D7321	Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant
D7340	Vestibuloplasty – ridge extension (secondary epithelialization)
D7350	Vestibuloplasty – ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

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CPT Code	Description
40840	Vestibuloplasty; anterior
40842	Vestibuloplasty; posterior, unilateral
40843	Vestibuloplasty; posterior, bilateral
40844	Vestibuloplasty; entire arch

CPT Code	Description
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
40899	Unlisted procedure, vestibule of mouth
41874	Alveoloplasty, each quadrant (specify)

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DESCRIPTION OF SERVICES

Alveoplasty is a surgical procedure usually done by an oral surgeon used to smooth out the jawbone. This is done in areas where teeth have been removed or where teeth have been lost. Alveoplasty can be done alone but it is usually performed at the same time with tooth extraction.

Vestibuloplasty is a surgical procedure designed to restore alveolar ridge height by lowering muscles attaching to buccal, labial, and lingual jaw aspects. It is most often seen when preparing the mouth for dentures or an implant.

REFERENCES

American Dental Association (ADA). Glossary of Dental Clinical and Administrative Terms.

Drew, Stephanie Joy. Atlas of Oral and Maxillofacial Surgery. Elsevier, Inc. 2016. Chapter 13, Alveoloplasty; p. 113-119.

Murdoch-Kinch CA, Zwetchkenbaum S. Dental management of the head & neck cancer patient treated with radiation therapy. Today's FDA. 2011 Sep-Oct;23(6):40-3, 45, 47-9 passim.

National Institute of Dental and Craniofacial Research. Oral Complications of Cancer Treatment: What the Dental Team Can Do.

Perciaccante, Vincent J. and Farish, Sam E. Atlas of Oral and Maxillofacial Surgery. Elsevier, Inc. 2016. Chapter 18, Vestibuloplasty; p. 153-169.

Stedman's Medical Dictionary for the Dental Professions. (2012). <https://medical-dictionary.thefreedictionary.com/vestibuloplasty>.

GUIDELINE HISTORY/REVISION INFORMATION

Date	Action/Description
09/01/2018	<ul style="list-style-type: none"> Updated coverage rationale; replaced references to "patients" with "individuals" Updated definition of "Vestibuloplasty" Archived previous policy version DCG028.02